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FLIESLER MEYER, LLP FOUR EMBARCADERO CENTER SUITE 400

12/01/2006SATRATEANGOSORS ENGOTIO 09888298

01 FC:1501 02 FC:1504

1400.00 DA 300.00 DA

APPLICATION NO.

FILING DATE FIRST NAMED INVENTOR

sichelle c (Signa November 30, 2006 (Des

I hereby certify that this Fee(s) Transmittol is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope olderssed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CONFIRMATION NO. ATTORNEY DOCKET NO. 9531

09/888,298 06/22/2001 Isn E. Smith D/A1053LHARRIS/XERX/1051. TITLE OF INVENTION: METHOD, SYSTEM AND ARTICLE OF MANUFACTURE FOR ACCESSING COMPUTATIONAL RESOURCES THROUGH **ELECTRONIC MESSAGES** 

EXAMINER  ART UNIT  CLASS-SUBCLASS  NANO, SARGON N  2157  709-227000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).  Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) ettached.  Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) ettached.  3. ASSIGNE Indication (or "Fee Address" Indication form PTO/SB/122) ettached.  3. ASSIGNE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an essignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Xerox Corporation  Stamford, CT  Please check the appropriate assignce category or categories (will not be printed on the patent): □ Individual □ Corporation or other private group entity □ Go  4a. The following fee(s) are submitted: □ Advace Order - # of Copies  Publication Fee (No small entity discount permitted)  A check is enclosed.  Phymicath by credit card. Form PTO-2038 is attached.  Phymicath by credit card. Form PTO-2038 is attached.  Phymicath by credit card. Form PTO-2038 is attached.  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of the content of the patent		· · · · · · · · · · · · · · · · · · ·	v	<del> </del>			·····			
CLASS-SUBCLASS	APPLN. TYPE	LN. TYPE SMALL ENTITY ISSUE FEE DUE		PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
NANO, SARGON N  2157  709-227000  1. Change of correspondence address or indication of "Fce Address" (37 CFR 1.163).  Change of correspondence address (or Change of Correspondence Address form PTO/SBV122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SBV122) attached.  Change of correspondence address (or Change of Correspondence Address findication (or "Fee Address" indication form PTO/SBV122) attached.  Change of correspondence address (or Change of Correspondence Address findication form PTO/SBV122) attached.  Change of correspondence address (or Change of Correspondence Address findication form PTO/SBV127) attached.  Change of correspondence address (or Change of Correspondence Address findication form PTO/SBV127) attached.  Change in Correspondence address (or Change of Correspondence Address findication form PTO/SBV127) attached.  Change in Correspondence address (or Change of Correspondence Address findication form pTO/SBV127) attached.  Change in Correspondence address (or Change of Correspondence Address findication for Correspondence address for Change in Correspondence address in Correspondence address for Change in Correspondence address for Change in Correspondence address in Correspondence address for Change in Correspondence address in Correspondence address for Correspondence address in Correspondence address in Correspondence address for Correspondence address in Corresp	nonprovisional	ionprovisional NO \$1400		\$300	\$0	\$1700	12/11/2006			
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) "Fee Address" indication form PTO/SB/122) attached. (2) "Fee Address" indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has beet recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an essignment.  (A) NAME OF ASSIGNEE  Xerox Corporation  Stamford, CT  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Ga.  4a. The following fee(s) are submitted:  Issue Fee  Deblication Fee (No small entity discount permitted) Advance Order - # of Copies  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of the Northern to other publication of the full into the patent) is not propriet at a printing on the patent attorney or agents OR, alternatively,  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorney or agents. If no name is listed, no name will be printed.  (2) the name of a single firm (having as a member a registered patent attorney or agent. If no name is listed, no name will be printed.  (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an essignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attac	EXAMINER ART UNIT			CLASS-SUBCLASS	· ·					
CR 1.163).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Nev 03-02 attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Nev 03-02 or more recent) attached. Use of a Customer Number is required.  A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, so assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an essignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Xerox Corporation  Stamford, CT  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity of the Payment of Foe(s): (Please first reapply any previously puld issue fee shown above)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  Advance Order - # of Copies  A check is enclosed.  Payment of Foe(s): (Please first reapply any previously puld issue fee shown above)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small entity discount permitted)  A check is enclosed.  Phylication Fee (No small	NANO, S	SARGON N	2157	709-227000	709-227000					
Xerox Corporation  Stamford, CT  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go  4a. The following fec(s) are submitted:    Stamford, CT    Individual Corporation or other private group entity Go    Stamford, CT    Individual Corporation or other private group entity Go    Stamford, CT    Individual Corporation or other private group entity Go    Stamford, CT    Individual Corporation or other private group entity Go    At check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment	CFR 1.363).  Change of corres Address form PTO/S  Free Address* in PTO/SB/47; Rev 03- Number is required  ASSIGNEE NAME PLEASE NOTE: Un recordation as set for	pondence address (or Chi SB/122) attached. dication (or "Fee Address 02 or more recent) attack 1. AND RESIDENCE DAT. nless an assignee is ident th in 37 CFR 3.11. Com	ange of Correspondence  Indication form  and. Use of a Customer  A TO BE PRINTED ON	(1) the names of up to or agents OR, alternation (2) the name of a single registered attorney of a 2 registered patent attorished, no name will be TRE PATENT (print or type data will appear on the port a substitute for filing an	3 registered patent attors vely, e firm (having as a memb agent) and the names of u meys or agents. If no nam printed.  pe) atent. If an assignee is id essignment.	er a 2 p to le is 3 tentified below, the doct				
4b. Payment of Foe(s): (Please first reapply any previously paid issue fee shown above)    Sissue Fee	Xerox Corpo	oration		Stamford, CT						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.      b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will upt be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademicks Office.	4a. The following fec(s)  I Issue Fee  Publication Fee (	) are submitted:	4	b. Payment of Foe(s): (Ples A check is enclosed. Payment by credit car The Director is bereby	use first reapply any prev	fausly paid issue fee sho	own above)			
The state of the s	a. Applicant clair	THE SMALL ENTITY STATE	us. See 37 CFR 1.27.							
Authorized Signature Martin C. Fliesler Date November 30, 2006  Registration No. 25,656	Authorized Signatur	101 00 1	The start of the s							

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	Application Number	09/888,298
TRANSMITTAL	Filing Date	June 22, 2001
FORM	First Named Inventor	lan E. Smith et al.
	Art Unit	2157
(to be used for all correspondence after initial filing)	Examiner Name	S. Nano
Total Number of Pages in This Submission 4	Attorney Docket Number	XERX-01051US0

ENCLOSURES (Check all that apply)										
V	Part B - Issue Fee Transmittal I	Form		Drawing(s)			After A	Allowance Communication to TC		
[	Fee Attached			Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
	Extension of Tim  Express Abando	al /declaration(s) e Request		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	æ Address		Propri Status Other below	/47: Change of Fee		
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				narks						
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Date	November 30, 200			06 Reg. No.			25,656			
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Signature Michelle M Cali										
Typed or printed name Michelle Mo			cAnem Calavita				Date	November 30, 2006		

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